

## PART B - FEE(S) TRANSMITTAL

Complete and **send** this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
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000110 7590 12/20/2005

**DANN, DORFMAN, HERRELL & SKILLMAN**  
1601 MARKET STREET  
SUITE 2400  
PHILADELPHIA, PA 19103-2307

03/17/2006 MBELETE2 00000073 09856683

01 FC:1501 1400.00 OP  
02 FC:8001 30.00 OP

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### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Cristin Donahue	(Depositor's name)
<i>Cristin Donahue</i>	
(Signature)	
March 13, 2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09856,683	08/23/2001	David J. Vining	VINING PROV	3100

TITLE OF INVENTION: VIRTUAL ENDOSCOPY WITH IMPROVED IMAGE SEGMENTATION AND LESION DETECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	03/20/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MANTIS MERCADER, ELENI M	3737	600-407000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Dann Dorfman Herrell and  
Skillman, P.C.

2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wake Forest University Health Sciences Winston-Salem, N.C.

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1406 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature



Date March 13, 2006

Typed or printed name Niels Haun

Registration No. 48,488

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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# DANN, DORFMAN, HERRELL AND SKILLMAN

A PROFESSIONAL CORPORATION

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PHONE (215) 563-4100 • FAX (215) 563-4044



March 13, 2006

Last Name of First Named Inventor: **MAIL STOP ISSUE FEE**  
**VINING**

Application No. 09/856,683 **Allowed: December 20, 2005**

Attorney Docket No. 0101-P01789US1

Filed: May 23, 2001

For: Virtual Endoscopy With Improved  
Image Segmentation And Lesion  
Detection

TO THE COMMISSIONER FOR PATENTS:

### SUBMISSION OF ISSUE FEE

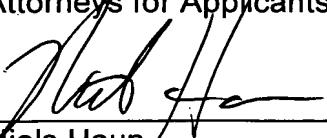
The above-identified application has been allowed. In response to the Notice of Allowability dated March 20, 2006, enclosed are the following:

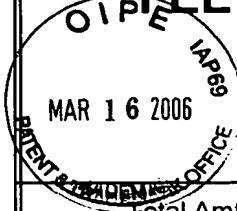
1. A copy of form PTOL-85 with authorization to charge Deposit Account No. 04-1406.
2. Check in the amount of \$1430, which includes the issue fee and the cost of ten (10) advance copies.

Respectfully submitted,

DANN, DORFMAN, HERRELL AND SKILLMAN  
A Professional Corporation  
Attorneys for Applicants

By

  
Niels Haun  
PTO Registration No. 48,488



# FEE TRANSMITTAL

MAR 16 2006

Total Amt. of Payment: (1)+(2)+(3)= \$1,430

**Complete if known**

Application Number: 09/856,683

Filing Date: May 23, 2001

First Named Inventor: Vining

Group Art Unit: 3737

Examiner Name: Eleni M. Mantis Merc

Attorney Docket Number: 0101-P01789US1

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>													
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		<b>ADDITIONAL FEES</b> <b>Fee Description</b> <b>Fee Paid</b> Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within first month _____ Extension for response within second month _____ Extension for response within third month _____ Extension for response within fourth month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee <u>1400</u> Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Advance Order (10 copies)</u> <u>30</u> Other fee (specify) _____ <b>SUBTOTAL (3)</b> <u>\$1,430</u>													
<b>FEE CALCULATION</b> <b>1. FILING FEE</b> <table> <thead> <tr> <th><b>Fee Description</b></th> <th><b>Fee</b></th> </tr> </thead> <tbody> <tr> <td>Utility filing fee</td> <td>_____</td> </tr> <tr> <td>Design filing fee</td> <td>_____</td> </tr> <tr> <td>Plant filing fee</td> <td>_____</td> </tr> <tr> <td>Reissue filing fee</td> <td>_____</td> </tr> <tr> <td>Provisional filing fee</td> <td>_____</td> </tr> </tbody> </table> <b>SUBTOTAL (1)</b> <u>\$0</u>				<b>Fee Description</b>	<b>Fee</b>	Utility filing fee	_____	Design filing fee	_____	Plant filing fee	_____	Reissue filing fee	_____	Provisional filing fee	_____
<b>Fee Description</b>	<b>Fee</b>														
Utility filing fee	_____														
Design filing fee	_____														
Plant filing fee	_____														
Reissue filing fee	_____														
Provisional filing fee	_____														
<b>2. Claims</b> <table> <thead> <tr> <th><b>Paid</b></th> <th><b>Extr</b></th> <th><b>Fee</b></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td></td> <td>= <u>0</u></td> </tr> <tr> <td>Independent Claims</td> <td>x</td> <td>= <u>0</u></td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> </tr> </tbody> </table> <b>SUBTOTAL (2)</b> _____				<b>Paid</b>	<b>Extr</b>	<b>Fee</b>	Total Claims		= <u>0</u>	Independent Claims	x	= <u>0</u>	Multiple Dependent (First presentation)		
<b>Paid</b>	<b>Extr</b>	<b>Fee</b>													
Total Claims		= <u>0</u>													
Independent Claims	x	= <u>0</u>													
Multiple Dependent (First presentation)															

Submitted By:

Typed or

Printed Name Niels Haun

Reg. Number 48,488

Signature 

Date March 13, 2006

Deposit Account User ID  
04-1406